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Texas Department of Agriculture
Grain Warehouse
Schedule A

RGW-301

TODD STAPLES, COMMISSIONER

SEC. A	¹ VERIFICATION INFORMATION
	Full legal business name

SECTION B	¹ FACILITY INFORMATION			
	Unique Facility Name		Rated Grain Storage Capacity (Bu.)	
	² FACILITY CONTACT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Title:			
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.	
	Fax (optional) () -		E-mail (optional)	
	Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	³ FACILITY MAILING ADDRESS			
	Address 1			
City		State	Zip	County
⁴ FACILITY PHYSICAL ADDRESS				<input type="checkbox"/> Same as Mailing Address
Address 1				
City		State	Zip	County
Directions to Physical Location if address above is difficult to find.				

Initial Here _____

Grain Warehouse
Regulatory Division

Make Additional Copies as Needed

Date _____ / _____ / _____

Revised 07/21/06